

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2008
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation survey conducted at your facility on August 13, 2008 through August 14, 2008.</p> <p>The facility is licensed as a residential facility for groups to provide care for a total of 150 persons: 120 elderly or disabled persons and/or persons with mental illnesses, and/or persons with chronic illnesses, Category 2 Residents. The facility has an endorsement to provide care for 30 persons with Alzheimer's disease or related dementia, Category 2 Residents.</p> <p>The census was 108. The sample size included 28 resident records and 25 employee records. Twelve closed resident records were reviewed.</p> <p>The following complaints were investigated:</p> <p>Complaint #NV18930 - Substantiated with no deficiencies; Complaint #NV18831 - Unsubstantiated; Complaint #NV18604 - Unsubstantiated; Complaint #NV18243 - Substantiated with no deficiencies; Complaint #NV18077 - Unsubstantiated; Complaint #NV18058 - Unsubstantiated; Complaint #NV18018 - Unsubstantiated; Complaint #NV17882 - Substantiated (TAG Y085); Complaint #NV17702 - Substantiated (TAG Y085); Complaint #NV17362 - Substantiated (TAG Y085, Y393); Complaint #NV16478 - Substantiated (TAG Y820); Complaint #NV16392 - Substantiated (TAG</p>	Y 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 Y085); Complaint #NV16406 - Substantiated (TAG YA895); Complaint #NV15943 - Unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000			
Y 085 SS=F	449.199(1) Staffing-CG on duty all times NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure sufficient number of caregivers were at the facility to ensure residents needs are met. Findings include: Resident #28 was admitted on 6/24/99. The staff communication book entry dated 8/13/08 stated,	Y 085			

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Y 085	<p>Continued From page 2</p> <p>"I told him we do not have a med tech tonight, I'm sorry there's nothing I can do."</p> <p>On 8/13/08 at 11:00 AM, Employee #12 indicated the pain medication was not administered to Resident #28 due to lack of staff on the evening of 8/12/08.</p> <p>On 8/13/08 at 11:30 AM, the Director of Wellness indicated she was not aware of the incident. The staffing schedule for the month of August, 2008 indicated only 1 staff member on the overnight shift in the Alzheimer's Unit (30 beds) and 1 staff member on the overnight shift in the Assisted Living Unit (120 beds).</p> <p>On 8/13/08, the Administrator confirmed there was only 1 staff member assigned to work on the overnight shift in the Alzheimer's Unit and 1 staff member assigned to work on the overnight shift in the Assisted Living Unit.</p> <p>Severity: 2 Scope: 3</p> <p>Complaint #NV17882 Complaint #NV17702 Complaint #NV17362 Complaint #NV16392</p>	Y 085			
Y 393 SS=E	<p>449.226(4)(a) Safety Requirements</p> <p>NAC 449.226</p> <p>4. In a residential facility with more than 10 residents:</p> <p>(a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility.</p>	Y 393			

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Y 393	Continued From page 3 This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure rooms for 30 residents were provided with an auditory system that was monitored by staff members of the facility. Findings include: On 8/13/08 and 8/14/08, there was no call system available in 30 of 30 resident rooms in the Alzheimer's unit (Sarah's Garden). On 8/13/08 and 8/14/08, the Director of Maintenance and the Administrator indicated it was their policy not to provide call system devices in the Alzheimer's unit. Severity: 2 Scope: 2 Complaint #NV17362	Y 393		
Y 820 SS=D	449.2734(1)(a) Tracheostomy / Open Wound NAC 449.2734 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance.	Y 820		

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Y 820	Continued From page 4 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 1 resident with open wounds was not admitted or retained (Resident #30). Findings include: Resident #30 was admitted 10/3/07. The Home Health Agency Skilled Nursing Visit Notes dated 3/26/08 through 3/31/08 indicated wound care treatment to an open wound on the right hip. The Home Health Agency's Weekly Wound Assessment dated 3/25/08 indicated 3 open wounds (1 ulcer on the right hip and 2 skin tears on the right elbow) with the right hip ulcer having moderate to heavy serosanguinous drainage. There was no documented evidence of a physician's statement indicating that the wounds were in a healing condition. Severity: 2 Scope: 1 Complaint #NV16478	Y 820		
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.	Y 876		

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Y 876	<p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: NRS 449.037</p> <p>6. The board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given:</p> <p>(a) The ultimate user's physical and mental condition is stable and is following a predictable course.</p> <p>(b) The amount of the medication prescribed is at a maintenance level and does not require a daily assessment.</p> <p>(c) A written plan of care by a physician or registered nurse has been established that:</p> <p>(1) Addresses possession and assistance in the administration of the medication;</p> <p>(2) Includes a plan, which has been prepared under the supervision of a registered nurse or licensed pharmacist, for emergency intervention if an adverse condition results.</p> <p>(d) The prescribed medication is not administered by injection or intravenously;</p> <p>(e) The employee has successfully completed training and examination approved by the health division regarding the authorized manner of assistance.</p> <p>NRS 454.213 Authority to possess and administer dangerous drug. A drug or medication referred to in NRS 545.181 to 454.371, inclusive, may be possessed and administered by:</p> <p>14. In accordance with applicable regulations of the state board of health, an employee of a residential facility for groups, as defined in NRS</p>	Y 876		

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Y 876	<p>Continued From page 6</p> <p>449.017, pursuant to a written agreement entered into by the ultimate user.</p> <p>Based on record review, the facility failed to ensure 1 of 25 sampled employees had completed the medication management program (Employee #6) and 5 out of 40 residents had a signed ultimate user agreement authorizing the facility to provide assistance with medication administration (Resident #15, #17, #18, #20, #22).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Employee #6 was hired as a caregiver/medication technician on 11/12/07. There was no documented evidence the employee had successfully completed medication management training. 2. Resident #15 was admitted to the facility on 1/18/07. There was no documented evidence of a written agreement entered into by the ultimate user authorizing the facility to maintain custody and assist with the administration of medications. 3. Resident #17 was admitted to the facility on 2/28/08. There was no documented evidence of a written agreement entered into by the ultimate user authorizing the facility to maintain custody and assist with the administration of medications. 4. Resident #18 was admitted to the facility on 2/8/07. There was no documented evidence of a written agreement entered into by the ultimate user authorizing the facility to maintain custody and assist with the administration of medications. 5. Resident #20 was admitted to the facility on 11/30/07. There was no documented evidence of 	Y 876			

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Y 876	Continued From page 7 a written agreement entered into by the ultimate user authorizing the facility to maintain custody and assist with the administration of medications. 6. Resident #22 was admitted to the facility on 11/9/07. There was no documented evidence of a written agreement entered into by the ultimate user authorizing the facility to maintain custody and assist with the administration of medications. Severity: 2 Scope: 2 Repeat Deficiency: 6/28/07	Y 876			
YA106 SS=F	449.200(1)(2)(3)Personnel Files NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and (b) Proof that the caregiver is 18 years of age or	YA106			

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YA106	<p>Continued From page 8</p> <p>older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: NRS 449.176</p> <p>1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report.</p> <p>2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediately inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime.</p> <p>NRS 449.179</p>	YA106			

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YA106	<p>Continued From page 9</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups</p>	YA106			

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YA106	<p>Continued From page 10</p> <p>shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the central repository for Nevada records of criminal history.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p>	YA106			

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YA106	<p>Continued From page 11</p> <p>NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request.</p> <p>NRS 449.185</p> <p>1. Upon receiving information from the central repository for Nevada records of criminal history pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2.</p> <p>2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1.</p> <p>3. An agency or facility that has complied with</p>	YA106			

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YA106	<p>Continued From page 12</p> <p>NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work;</p> <p>(a) Before it received the information concerning the employee or independent contractor from the central repository;</p> <p>(b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information;</p> <p>(c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or</p> <p>(d) Any combination thereof.</p> <p>An agency or facility may be held liable for any other conduct determined to be negligent or unlawful.</p> <p>NRS 449.188</p> <p>1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if:</p> <p>(a) The applicant or licensee has been convicted of:</p> <p>(1) Murder, voluntary manslaughter or mayhem;</p> <p>(2) Assault with intent to kill or to commit sexual assault or mayhem;</p> <p>(3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;</p> <p>(4) Abuse or neglect of a child or contributory delinquency;</p> <p>(5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past</p>	YA106		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2008
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE			STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
YA106	<p>Continued From page 13</p> <p>7 years;</p> <p>(6) A violation of any provision of NRS 200.50955 or 200.5099;</p> <p>(7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or</p> <p>(8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or</p> <p>(b) The licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a).</p> <p>2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1.</p> <p>Sec. 10. NAC 441A.375 is hereby amended to read as follows:</p> <p>441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in</p>	YA106			

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YA106	<p>Continued From page 14</p> <p>facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive</p>	YA106		

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YA106	<p>Continued From page 15</p> <p>tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on interview and record review, the facility failed to provide a personnel file complete with mandatory requirements for 10 of 25 employees (Employee #5, #6, #9, #10, #12, #15, #20, #21, #22, #24).</p> <p>Findings include:</p> <p>Record Review</p> <p>1. Employee #5 was employed as a driver, 6/30/08. There was no documented evidence of a current certification in cardiopulmonary resuscitation (CPR). The most recent certification in CPR expired 2/18/08.</p> <p>2. Employee #6 was employed as a caregiver/medication technician, 11/12/07. There</p>	YA106		

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YA106	<p>Continued From page 16</p> <p>was no documented evidence of a current certification in first aid. The most recent certification in first aid expired November, 2007.</p> <p>3. Employee #9 was employed as a caregiver/medication technician 3/26/08. There was no documented evidence of a certification in first aid.</p> <p>4. Employee #10 was employed as a caregiver/medication technician, with additional job duties as a driver, 7/17/08. There was no documented evidence of a certification in first aid.</p> <p>5. Employee #12 was employed as a caregiver/medication technician 10/10/07. There was no documented evidence of a certification in CPR. The most recent certification in CPR expired 5/18/07.</p> <p>6. Employee #15 was employed as a driver, 6/6/08. There was no documented evidence of an initial 2-step Mantoux tuberculin screening test. The only documentation of a tuberculin screening test was a 1-step Mantoux tuberculin skin test dated 6/27/08, negative results.</p> <p>There was a written statement signed by Employee #15 upon hire indicating he had been convicted of one of the crimes listed in NRS 449.188. The employee's fingerprints were not mailed to the Nevada Repository until 6/25/08 (negative findings). There was no documented evidence the facility followed up with the employee from the date of hire through receipt of the Nevada Repository regarding this indication by the employee of a positive criminal conviction listed in NRS 449.188.</p> <p>7. Employee #20 was employed as a caregiver</p>	YA106			

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YA106	<p>Continued From page 17</p> <p>on 4/13/08. There was no documented evidence of certification in first aid.</p> <p>The employee's fingerprints in the file were dated 4/7/08. The signed statement by Employee #20 indicated "No" that she was not convicted of any of the crimes listed in NRS 449.188. The report from the Nevada Repository dated 5/28/08 indicated the background check results were positive. There was no documented evidence the facility responded upon receiving the information from the Nevada Repository in accordance with NRS 449.185(1). Employee #20 was still retained as an employee as of the date of the survey, and there was no documentation the employee completed a written appeal or provided a copy of the formal conviction results.</p> <p>8. Employee #21 was employed as a caregiver/medication technician, 3/14/08. There was no documented evidence of a current certification in first aid. The most recent certification in first aid expired 8/10/08.</p> <p>9. Employee #22 was employed as a caregiver, 5/13/08. There was no documented evidence of an initial 2-step Mantoux tuberculin screening test. The only documentation of a tuberculin screening test was a 1-step Mantoux tuberculin skin test dated 5/1/08, negative results.</p> <p>10. Employee #23 was employed as the food service director on 6/18/08. There was no documented evidence of an initial 2-step Mantoux tuberculin skin test.</p> <p>11. Employee #24 was employed as a food server on 5/7/07. There was no documented evidence of certification in first aid and CPR.</p>	YA106			

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YA106	Continued From page 18 Interview On 8/13/08 in the afternoon, the Administrator indicated Employee #15 did not provide any documentation of the conviction results. On 8/13/08 in the afternoon, the Administrator indicated Employee #20 did not provide any documentation of the conviction results. Severity: 2 Scope: 3 Repeat Deficiency: 6/28/07	YA106			
YA280 SS=F	449.2175(10)(a-d) Dietary Consultant and Serv NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	YA280			

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YA280	Continued From page 19 This Regulation is not met as evidenced by: Based on document review and interview, the facility failed to ensure quarterly consultations with a Registered Dietitian were provided. Findings include: Document Review On 8/14/08, there was no documented evidence of timely quarterly consultations with a Registered Dietitian. The only nutritional consultations by a Registered Dietitian were completed on 6/25/07 and 9/14/07. Interview On 8/14/08, the Food Service Director stated he was not aware of any consultations between 9/14/07 and the date of the survey with a Registered Dietitian regarding the training for kitchen employees, advice regarding the nutritional program, and observation of food service. Severity: 2 Scope: 3	YA280		
YA895 SS=F	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses,	YA895		

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YA895	<p>Continued From page 20</p> <p>or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete and accurate record of the medication administration for 25 of 25 residents.</p> <p>Findings include:</p> <p>1. On 8/13/08 at 9:15 AM, two residents were in line awaiting their medications to be handed by the medication technician (Employee #12). Employee #12 was observed to be preparing one of these 2 residents' medications based on the medications listed on the computer screen.</p> <p>As each medication was being taken out from its container, a check mark was entered into the computer.</p> <p>On 8/13/08 at 9:30 AM, an inquiry was made with Employee #12, if a resident in the assisted living portion of the facility had forgotten to get in line for his or her medications. Employee #12 revealed, it was the routine of every resident to ask for his or her medications soon after every meal. Employee #12 stated, "All the residents get in line to get their medicine; It's a long line."</p> <p>Employee #12 was asked, how would the facility handle the medication pass if the computer</p>	YA895			

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YA895	<p>Continued From page 21</p> <p>system broke down. Employee #12 revealed, the facility would call the help line located in Utah to have the computer problem resolved. In addition, the facility would call all of the residents' pharmacy providers, to include family members in providing a copy of the residents' current medication lists.</p> <p>On 8/13/08 at 10:30 AM, an interview with the Director of Wellness stated, the medication administration computer system had been placed in effect 2 months prior to the survey. The Director of Wellness indicated, there were no available previous medication administration records that could be located within the facility. The Director of Wellness was unable to provide hard copies of the current MARs for any of the residents and was also unable to retrieve the MARs for the past few days through the computer.</p> <p>The Director of Wellness was asked about the facility's procedure in case the computer broke system down and was also asked for any documented data regarding missed medications. The Director of Wellness revealed, the facility had no current plan regarding computer failure. The Director of Wellness further revealed, a daily list of the missed medications was provided to her, and she assumed, all medications were administered to the residents if his or her name did not appear on the list.</p> <p>On 8/13/08 at 9:50 AM, a sample copy of a medication administration record (MAR) was requested from Employee #12, covering a medication administration for the past week. Employee #12 revealed, every medication record was stored in the computer system and the facility did not have any paper copy. Therefore,</p>	YA895		

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YA895	<p>Continued From page 22</p> <p>there was no available hard copies of the medication lists available for any of the residents.</p> <p>2. Resident #1 was admitted to the facility on 11/6/07. The medication box for Resident #1 had a bottle of Remeron.</p> <p>On 8/13/08 at 11:00 AM, Employee #12 stated, all medications in the medication cart were all current, based on the physician's orders.</p> <p>Employee #12 further stated, Remeron (15 milligrams 1 tablet by mouth) had been administered every night and was administered on 8/12/08.</p> <p>On 8/13/08 at 11:15 AM, the Director of Wellness stated, Remeron had been given to Resident #1 every night and was last given assumingly on 8/12/08, since the resident's name and the medication did not appear on the missed medication list.</p> <p>On 8/13/08 at 11:30 AM, review of Resident #1's file revealed a physician's order dated 5/21/08. It stated, "D/C Remeron; Begin Seroquel 25 milligrams by mouth every night."</p> <p>On 8/13/08 at 11:30 AM, review of the computerized medication administration record revealed, Remeron had not been discontinued and remained to be on the current medication list. Resident #1 was also receiving Seroquel 25 milligrams by mouth everyday.</p> <p>On 8/13/08 at 11:30 AM, interview with the Director of Wellness revealed, the medication technician assigned on the day the order was received must have missed the prescription.</p>	YA895			

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YA895	<p>Continued From page 23</p> <p>3. Resident #5 was admitted to the facility on 2/19/06. The current physician's order and computerized medication administration record revealed, Resident #5 was to receive "Oxycodone with aspirin 1 tablet by mouth every 6 hours as needed for pain." The facility did not have the medication available as ordered.</p> <p>4. On 8/13/08 at 11:50 AM, Resident #14's physician's order and computerized medication administration record revealed, Resident #14 was to receive "Ambien 10 milligrams 1 tablet by mouth as needed for sleep." The facility did not have the medication available as ordered.</p> <p>On 8/13/08 at 11:50 AM, Employee #12 revealed, the medications for Resident #5 and #14 had been ordered, and the facility was awaiting for a delivery from Resource Pharmacy. Employee #12 was asked for a log indicating the date the orders were placed. Employee #12 verified, she could not find the order log.</p> <p>On 8/13/08 at 12:00 PM, the Director of Wellness indicated she was not able to locate the order log.</p> <p>5. Resident #22 was admitted to the facility on 11/7/07. On 8/13/08 at 11:50 AM, Resident #22's current physician's orders and computerized medication administration record revealed, Resident #22 was to receive "Nitroquick 0.4 milligrams Sublingually times 3 doses 5 minutes apart as needed for chest pain." The facility did not have the medication available as ordered.</p> <p>On 8/13/08 at 11:50 AM, Employee # 12 indicated the Nitroquick had not yet been received.</p> <p>Employee #12 was asked about the facility's plan</p>	YA895		

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YA895	Continued From page 24 of care in case Resident #22 develops chest pain. Employee #12 stated, "We will call 911; That's all we can do and that is the right thing to do." On 8/13/08 at 2:00 PM, the Director of Wellness revealed, she was not aware of the missing medications. The Director of Wellness verified, she was not able to provide an order log. Severity: 2 Scope: 3 CPT #NV16406	YA895			
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical	YA930			

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YA930	<p>Continued From page 25</p> <p>services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing,</p>	YA930		

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Bureau of Health Care Quality & Compliance

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NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
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YA930	<p>Continued From page 26</p> <p>or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the</p>	YA930		

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YA930	Continued From page 27 facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home	YA930			

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YA930	<p>Continued From page 28</p> <p>keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review and interview, the facility failed to ensure that a separate file complete with mandatory information was maintained for 6 of the 28 sampled residents (Resident #4, #16, #18, #22, #24, #25).</p>	YA930			

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YA930	<p>Continued From page 29</p> <p>Findings include:</p> <p>1. Resident #4 was admitted 12/6/06. There was no documented evidence of annual tuberculin testing following the initial 2-step Mantoux tuberculin skin test dated 12/6/06, 0 mm results.</p> <p>2. Resident #16 was admitted 6/14/08. There was no separate file for Resident #16 with the resident's name, address, date of birth, social security number, contact information for the physician and next of kin, physician's statement concerning the mental and physical condition, initial Mantoux tuberculin skin testing, description of the types and amounts of protective supervision and personal services needed, and an evaluation of the resident's ability to perform the activities of daily living. There was no documentation of a list of rules signed by the administrator and the resident, and the contact information for the vendors and medical professionals that provide services for the resident. The only information contained in the resident's binder was the resident's name, with completely blank pages inside: The facility failed to ensure the resident file contained all documents as required by NAC 449.2749.</p> <p>3. Resident #18 was admitted 2/8/07. There was no documented evidence of annual tuberculin testing following the initial 2-step Mantoux tuberculin skin test dated 2/16/07, 0 mm results.</p> <p>4. Resident #22 was admitted 11/9/07. There was no documented evidence of initial Mantoux tuberculin skin testing.</p> <p>5. Resident #24 was admitted 3/15/06. There was no documented evidence of annual tuberculin</p>	YA930		

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YA930	<p>Continued From page 30</p> <p>testing following the initial 2-step Mantoux tuberculin skin test dated 4/4/06, negative results.</p> <p>6. Resident #25 was admitted 12/18/06. There was no documented evidence of annual tuberculin testing following the initial 2-step Mantoux tuberculin skin test dated 7/15/07, 0 mm results.</p> <p>Severity: 2 Scope: 3</p> <p>Complaint #NV16392</p> <p>Repeat Deficiency: 6/28/07</p>	YA930			

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